

THE ALKALOIDAL CLINIC.

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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

DR. W. C. ABBOTT, Editor and Publisher

ADDRESS

THE ALKALOIDAL CLINIC

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ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send *THE ALKALOIDAL CLINIC* for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of interest to our readers along this line will be answered in our Miscellaneous Department. We expect those to add much of interest to our pages.

OUR AIM is to make this journal an informal interchange of thought and experience between those interested in Alkaloidal medication.

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IMPORTANT NOTICE.

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EDITORIAL CHAT.

With this issue the Clinic becomes a "two-year-old" with a large and appreciative body of readers and a good advertising patronage. At this time last year I said "the Clinic is a success" and now reiterate with emphasis.

While other journals have been growing thinner, and some have been "laid on the shelf" during the hard times of 1895, the Clinic has had a healthy, vigorous growth. From sixteen pages speaking to a mere handful in 1894 it has kept on and up until, I believe, less than six of the two to three hundred journals in this country have as

large an audience. That this audience is appreciative is evidenced by prompt renewals, and the kindly, encouraging words of approval that accompany them. I take this occasion to thank our friends for all they have done, trusting that they will be well paid by the better things we shall be able to do for them in 1896. A good word now and then will bring us many new subscribers and help us to carry out our ambition, to place the Clinic on the top shelf of helpfulness.

Our contributors have generously given of their time and ability to make the Clinic an educator, with such success that we feel certain few journals are so often referred to for the how, the why and the wherefore. For 1896 we have the promise of their continued support and assurance of valiant help from other able sources. Dr. Aulde promises a series of articles continuing through the year and we have already had a taste; Dr. Hawkins, whose article on Hemorrhoids began in our November number, will continue; Dr. Runnels, who has contributed several times and who has an excellent communication in this issue, will have many things to say to us during the year; Dr. Coleman, of Houston, Texas, one of the best, if not the best, posted men in America on Dosimetric Medication, will contribute a series of articles, the first appearing in this number; Dr. Burch, whose communications have already added much to the interest of the Clinic, we feel that we can depend upon. Our old contributors, Dr. Waugh, Dr. Buckley, Dr. Shaller, Dr. Simonton, and others, are still with us and will add much to the value of the Clinic for 1896. With this promise of support, and in full knowledge of the ability of these gentlemen, to say nothing of the steady stream of ideas that is constantly coming from our busy

readers, we feel sure we can promise you a year of good things.

Right here I want to say a word of encouragement to those who do not write. Just now is the time to begin. Don't think you must get up long, exhaustive papers, dissertations on pathological curiosities and medical absurdities, such as kill our medical societies and blight many a worthy effort in medical journalism, we do not want them. What we do want is your fresh, live ideas and such details of every-day experiences as can be readily utilized by others—such little stories as you tell when you hail a fellow M. D. on the corner or at the society with, "Say, Doctor, I've had," etc., etc. Think it over as you ride along, get the points clear in your mind, and then take fifteen or twenty minutes in the office and write it out. Do not imagine that you have done your duty by the Brotherhood for 1896 until you have contributed at least once to make up to others the sum total of that which you enjoy—"Give and it shall be given unto you."

Your editor has taken many liberties in the way of comment and suggestion and has made some use of the blue pencil in retiring what may have been pet ideas; but it has all been done with care and an earnest solicitude for the welfare of the Clinic and the good of its readers, and the same policy will be continued until there appears a better way.

With a few words more I am done. Don't forget our advertisers. The man who does not go carefully over the pages devoted to advertising every issue is making a mistake. The ad. pages of our journals are great educators and, while we sincerely trust and feel sure it is not true of the Clinic, yet, in some cases, they are the best part of them.

Up-to-date lists, samples and literature on new preparations may always be had and are of great importance in helping one to keep abreast of the times. He who does not read current medical literature carefully, ad. pages and all, is going to be a "back number" by and by, no matter how perfect his preliminary education may have been.

Your editor always reads the advertisements of a periodical as carefully as the sub-

ject-matter, and finds such reading profitable as well as interesting. Many business men make a mistake by not advertising, and many readers make a mistake by neglecting to read the advertisements of a paper carefully. So far as the editor knows, all the advertisements in the Clinic are reliable, and he asks you to read and answer all which promise to be of benefit, or which offer something which will add to your comfort and pleasure. When you do write always state that you saw the ad. in the Alkaloidal Clinic.

Now, a brief contribution, please, a bit of help that will add one or more to our Brotherhood, due attention to our advertisers, and, "with a long pull, a strong pull and a pull altogether," we will have a Clinic during 1896 that will go a long way towards helping us in attaining that success to which we all aspire.

PASSING OPINIONS.

Dear Dr. Abbott:—I have taken the "Alkaloidal Clinic" from the first number. Not a single one has reached me that, in suggestion, in clinical delineation and in therapeutic application, is not worth the year's subscription. I say this without hesitation, and I am no "spring chicken," having graduated in 1862.

The alkaloids are the coming medications. As the electric light has supplanted the "grease lamp" of my boyhood, I am rapidly supplanting with them the cumbersome remedies of the past. Continue the Clinic as it is. Do not fail in your comments on reports and articles. The former say they did so and so and succeeded, and you tell us how and why success attended their administration, really they are the cracker to the whip. I have scored many successes in using the alkaloids that are truly surprising to me, and which under the old form of medicines I do not think would have been possible. Will write some out as soon as convenient.

F. M. Agnew, M. D.

Makanda, Ill.

Doctor, is not the Clinic worthy of your subscription and support? One dollar for '96.

LEADING ARTICLES.

SHOULD PHYSICIANS DISPENSE THEIR MEDICINES.*

BY JOHN M. SHALLER, M. D.

Prof. of Physiology in the Cincinnati College of Medicine and Surgery.

The true physician should always be guided by this consideration: How can I best help my patients. During the last ten years thousands of physicians living in cities have given up prescription writing and are now carrying medicine cases, and there are many more who are seriously thinking about this matter, but hesitate to take the initial step for the following reasons: (1) The trouble of keeping a full stock of medicines and of dispensing them, it is easier for them to write prescriptions. (2) The very idea of innovation, no matter how superior the new plan may be, is rather distasteful to old practitioners. (3) Doctors hesitate to offend the druggist, for he has long been (supposed to be—Ed.) his good friend; he has sent him occasional patients, and done other acts of kindness. He may have corrected a few mistakes or oversights in the doctor's prescriptions and has thus prevented disagreeable consequences.

Doctors are not entirely ungrateful, they remember these things and therefore hesitate to do anything that may deprive the druggist of his small(?) profits. Some physicians even imagine that patients may object to their dispensing medicines, but I believe they rarely object to any means by which, without additional risk, expense or discomfort, they are greatly benefited. The patients are benefited by the promptness with which medicine is given and consequent relief obtained. There is no delay in going to the drug store. There is no substitution. The patients are less likely to suffer from the mistakes of the compounder. They have more confidence in the physician and the remedies have a better effect, especially when the first few doses are given by the physician himself. Large drug bills are saved and money thus saved is likely to be used in paying the doctor's bill. From personal acquaintance with medical men I

feel that this last item will not be looked upon with disfavor.

How is the doctor benefited? By having the satisfaction of knowing that his prescriptions are prepared just as he wishes to have them. The use of inert drugs, mistakes of compounding and giving the prescription to the wrong person are things of improbable occurrence. When the physician is also the dispenser, copies of his favorite prescriptions are not passed through the community and refilled for the benefit of the druggist and of the neighborhood; neither are his prescriptions scrutinized and commented upon. His daily business, represented by the number of prescriptions he writes, is not a subject for drug-store conversation. The nature of his patients' sickness is not exposed, and the family is no longer subjected to such questions as "what is the matter?" or "who is sick?"; delicate questions under some circumstances. In short, the doctor has the control of his practice; he shields his patients from harm, the family from interrogation, and his prescriptions from comment.

When a physician has decided to fill his own prescriptions the question presents itself, in what of the convenient forms shall the medicine be used, in tablets, pills or granules? It is doubtful if any of these is used to the exclusion of the other two. Probably all three may be found in the larger number of medicine cases. While I occasionally use pills and tablets, I prefer to use granules. On account of their small size, granules are easily swallowed even by very young patients, and a large number can be carried in a small space, but what is of greater moment, all of the important alkaloids and other active principles are prepared in granules in accurately measured doses. The active principles should always be used in the place of tinctures and the fluid or solid extracts.

This use of the alkaloids has given rise to a new designation, "Alkaloidal (or Dosimetric) Medication." This form of medication is rapidly gaining ground, and offers many advantages. There still exists, however, an aversion to the use of alkaloids, because of their well-known poisonous nature. This aversion is usually found to exist

*Read before the Miami Valley Medical Association, Loveland, Ohio, October 5th, 1895.

among physicians who have had little or no experience with them. Physicians who are in the habit of prescribing alkaloids believe that there is less danger in using them than in using cruder preparations, because they know to a certainty how much of activity is contained in each dose. I doubt if any physician can tell how much of the active principle is contained in three drops of the tincture of aconite root, in ten drops of the tincture of belladonna, or in five drops of the tincture of nux vomica. It is impossible to know how old these tinctures are or how long they have been exposed to heat, cold, sunlight and evaporation. Why is it that so many physicians prefer to use an unknown instead of a known quantity of the active principle every time they prescribe? We should no longer deal with uncertainties, the risk is too great. Whenever we prescribe a tincture or an extract, we do so because it is supposed to contain an active principle, but how much it contains, or whether it contains any at all, no man knoweth.

When dealing with human life we should know the exact and not the approximate strength of the drug used. It is important, also, to use some method whereby the doses may be accurately measured, and the medicinal substances must be stable. To the best of my knowledge and belief, these requirements are found in the so-called "Alkaloidal (or Dosimetric) Granules." I do not think that there are marked differences in the granules made by the several firms which supply the market, but the writer deals exclusively with the Abbott Alkaloidal Co. of Chicago, and has found no cause to complain. The results following the administration of their granules are uniform.

The transition to alkaloidal medication is not so great as is imagined. As a rule, physicians are well informed regarding the physiological action and therapeutical effect of the more important medicines of vegetable origin, as aconite, belladonna, hyoscyamus, gelsemium, opium, nux vomica, cannabis indica, colchicum, digitalis and ipecac. The active principles of these remedies are used in exactly the same cases for which the cruder preparations are prescribed.

The doses of the various alkaloids, especially for children, may at first thought appear difficult to regulate. In reality, however, this is very simple and easy. Alkaloids are prepared in granules which contain minimum adult doses and are intended to be administered at short intervals, in very severe cases as often as every fifteen minutes, until there is some improvement manifested, after which the dose is given every hour, every two, or every three hours. In ordinary and in chronic cases these medicines are given every two or three or four hours, or three times a day. In prescribing the more potent alkaloids for children, the following simple but effective rule is observed. One granule for each year of the patient's age together with one additional granule is dissolved in twenty-four teaspoonfuls of water. Of this solution one teaspoonful should be given every fifteen minutes, every half-hour, or every hour, according to the severity of the case.

To those who are about to begin Alkaloidal Medication I would suggest that the first thing to do is to obtain a price list of goods and some literature on the subject. Any manufacturer will be pleased to send you printed matter of this kind. Look over your favorite prescriptions and see what alkaloidal remedies can be substituted for the medicines you are now using. The following list is inserted simply as a guide. As to the usefulness and efficacy of the remedies I can fully testify. For fever, aconitine amorphous; bronchitis, emetine and apomorphine; acute infectious diseases, calcium sulphide; stomachic or intestinal pains, codeine; colic of stomach, intestine or gall bladder, hyoscyamine; general tonic, strychnine arseniate; shock or syncope, atropine and glonoin (nitro-glycerin); heart tonic, digitalin; diarrhea and cholera infantum, copper arsenite, zinc sulphocarbolate. These few remedies, if carefully studied, will enable the practitioner to treat successfully three-fourths of all the cases with which he comes in contact.

The first remedy with which to become perfectly familiar is the amorphous aconitine granule, gr. 1-134. It is used more frequently than any other remedy; it should be given in

all fevers no matter of what origin. It is generally conceded to be the most dangerous of all alkaloids. I assert most positively that no harm will follow its proper administration; it may be safely given to the youngest infant. By using this alkaloid first, and becoming thoroughly acquainted with it, you will lose all the fear that you may have had regarding the dangers of Alkaloidal Medication.

There is a tendency on the part of our most learned teachers to make everything appear difficult, complicated and mysterious. It is much better to try to simplify matters. The majority of cases are easy to diagnose and still easier to treat; every physician who has practiced a few years knows this. He also knows that when he left college his head was filled with the names of hundreds of medicines. After a few years of active practice, he is not able to count up more than ten or twelve that he uses frequently. The actual practice of medicine then leads to simplicity.

A few well tried and worthy remedies are sifted from the many hundreds in existence, and with these the general practitioner successfully treats nearly all of his cases. There is usually a favorite febrifuge, a favorite cathartic, a cough mixture, a diarrhea mixture and a neuralgia mixture. Let physicians deplore this fact with all the eloquence at their command, the fact remains. A glance over the prescriptions on file in any drug store will confirm this statement. Here you will find the same prescriptions repeated again and again. Some very successful physicians give the same prescriptions for all sorts of complaints. This is indeed almost beyond belief.

Since, then, successful practitioners confine themselves to the use of a few tried and effective medicines, it is all the easier to dispense them. The number to be carried need not be great. The trouble and annoyance is fully compensated for by the more certain and brilliant results obtained.

To conclude; if a physician feels satisfied that his patients will be benefited if he dispenses medicines, then it is his duty to do so. If a physician believes, as we all do who use alkaloidal granules, that this form and method of medication is vastly superior

in every way to any other, then it is his duty to use the active principles.

No matter in what form the medicine may be, he who dispenses his own medicines has undoubtedly many advantages over him who writes prescriptions.

Cincinnati, O.

The above article is bristling with good points and contains the gist of the whole matter pertaining to the best success of the physician. Coming as it does from a man of extensive experience both in what he considers the better and the poorer way, it should have particular weight with our readers. One point, perhaps, may properly be dwelt upon in addition. Any physician, who will conscientiously and painstakingly prepare himself and dispense his medicines one year, will see his practice growing, his collections improving and his ledger showing a much larger balance upon the right side. This is true if he adopt any method, but more so if he avail himself of the marked advantages of the granules of the active principles.—Ed.

ALKALOIDAL (DOSIMETRIC) MEDICATION.

TREATMENT OF SLOW (TYPHO MALARIAL) FEVER AND PERTUSSIS.

BY W. L. COLEMAN, M. D.

I hope my professional brethren who read my enthusiastic articles some time ago, advocating Dosimetry, will not think I have abandoned the method because they have seen nothing from my pen for several years. No indeed! Dosimetry is ever reliable and I am thoroughly convinced, from the results at my hands, that it is the only truly safe and scientific method of medication. The older I grow, and I passed the three score mile stone some time since, the less medicine I give, and this exact method aids me much by enabling me to jugulate or abort acute disease in its first stage. I have not had a single case of continued or so called slow fever last over ten days in seven years, while dozens of them every year, all around, have lasted from six to eight weeks in the hands of others.

My confreres say: "Oh, you have been fortunate in not meeting with a case of slow or typho-malarial fever." It would be a most singular and unaccountable circumstance if this was true. I have just dismissed a young lady patient, one of my longest

cases, who was in the sixth day of the fever when I was called, and in four days the fever yielded. As her bowels were very constipated, tongue heavily coated and breath bad, I gave her calomel, gr. 1-10, every hour that afternoon, and one granule, gr. 1-6, of podophyllin at bed-time, and the next morning a full dose of seidlitz salt. Then I began the defervescents, aconitine, digitalin and arseniate of strychnine, one granule of each every hour during the day, and, if the fever did not abate, at night also; but it generally declined steadily till midnight, when the temperature fell to 99 or 100, pulse 90. At 2 a. m. I commenced with hydrobromate of quinine and arseniate of strychnine, a granule of each every hour till 10 a. m., and at 11 a. m. the defervescents were resumed instead. The strychnine was ordered to be omitted every other dose so she would get ten to twelve granules during twenty-four hours.

Her morning temperature at my first visit was 100, pulse 90; afternoon temperature 104½, pulse 120. These were gradually reduced by this treatment (which is my usual treatment for this fever), till they reached the normal, and the patient became convalescent. I consider this a typical case of this so-called slow fever, and if I had been called on the first day it would have been jugulated by the fourth or fifth day, as has frequently been done in other cases.

In the latter part of January I went, as a friend, to see the letter carrier of our district, who had been sick several weeks. "Why, George," I said, as I grasped his hand, "you still have fever!" "Oh, no," said he, "my physician dismissed me Monday (this was Friday) and said I was well, but I have no appetite or strength and feel that I am growing weaker." Upon examination I found his pulse 100 and temperature 101½. I told him if this was not fever, I did not know what fever was. He said that was the twenty-eighth day he had been in bed, and, as his physician would not return unless he sent for him, he wished I would put him upon the dosimetric treatment. I told him I had been practicing medicine for nearly forty years, and had never yet taken charge of another physi-

cian's case without his consent, but under the circumstances I would, as a friend, give him a few granules. So I put him upon a treatment similar to the above, with the addition of two granules each of quassin, phosphoric acid and arseniate of soda at meal times.

On Sunday, forty-eight hours after commencing this treatment, his fever was subdued and his appetite had returned. Saturday night his little daughter was taken with all the symptoms of the same fever. He asked me to prescribe for her, and I put her upon the granules. At my visit the next day (Monday), I left enough for ten days, telling the father it would not be necessary for me to return, and that he could send for me if I was needed. Wednesday evening he drove over to my office with his little girl. They were both convalescing rapidly, and have been well ever since. The history of one case is the history of all, and it would be superfluous to report others.

We have had the most extensive and severe epidemic of pertussis during the past spring and summer that I ever witnessed; several infants were suffocated and died during a paroxysm of coughing. Such a termination of this disease should never be allowed to occur when the paroxysm can be cut short and the suffocation prevented by placing one's forefinger upon the root of the child's tongue and pressing gently downward and forward. It is hard to convince the general public that it is unnecessary for children to have this and other contagious diseases, hence I had but few cases in which to try the abortive method; but in eight cases, whose ages ranged from eight months to six years, and who all had the characteristic cough of pertussis in its first stage, I succeeded in aborting the disease and curing the cough perfectly in ten days.

My plan was to give as much sulphide of calcium as each child could bear, and to keep them continually under the influence of atropine sulphate up to near its physiological but short of any toxic effect. To the older children I gave a granule of cicutine and iodoform when the cough was very bad, telling them to keep them on the tongue till dissolved and swallow slowly,

without water. To infants under a year I gave a granule of codeine occasionally, especially at bed-time, to quiet cough and procure rest. I never saw such certain and exact results from medicine before in my forty years of practice! Will the doubting Thomases say: "Oh these cases were not pertussis, but a cough from some other cause"? Strange coincidences, that only the children to whom I administered this treatment escaped the contagion, though surrounded by and daily exposed to it in all the other children of the vicinity who were suffering with the disease.

But as my space is limited I must stop clinical reports, or I will have no room to touch upon the last but by no means least important part of my subject, Granules. When I adopted the Dosimetric Method, I was an enthusiastic advocate for the Burggraeve-Chanteaud granules alone, and had quite a spat with Dr. Abbott upon the subject in the Medical World, but when we got to understand each other rightly we became good friends. He must still permit me to say, I think Chanteaud's granules are a marvel of the pharmacist's skill in their mechanical finish and keeping qualities in any climate of our little globe, and while they have been equalled, they have never been surpassed; but I wrote to Dr. Burggraeve and Chanteaud six years ago that their granules would be superseded by cheaper American products in a few years, for I was patriotic enough to believe that we "tarnal Yankees" could do what other people could and even surpass them in the long run. Dr. Burggraeve laconically replied that "their granules cured and that ought to be sufficient, and that they were cheaper than the old allopathic mixtures and compounds." I am glad to say my prediction has been fulfilled by The Abbott Alkaloidal Co., of Chicago, and I can confidently recommend their granules as equal to any and all, both as to mechanical finish and certainty and exactness of therapeutic effect. I have used them indiscriminately with Chanteaud's the past summer and have observed no difference in therapeutic effect.

Houston, Texas.

Clinic readers are to be congratulated on being favored with the above article from Dr. Coleman.

the American Burggraeve. Long before your editor ever became interested in this subject, Dr. Coleman was well-known as a promotor of the Alkaloidal method of medication. You can depend upon what he says. We have nothing to add to the treatments outlined and would simply call attention to the fact that they are reconstructive in every sense of the word and destructive in none. That is the key-note to the great success of this method. Given the knowledge of what is to be accomplished, with proper remedies and the knowledge of how to use them, and it remains simply to apply them in the proper manner and the work is done.

The abortion of disease in this way is an established fact, no matter what may be said to the contrary. The doctor's experience with pertussis has been repeatedly that of your editor. Pertussis can be aborted by just the means above detailed. If you do not believe it, dear reader, it is simply because you have not tried it in the proper way with the proper tools. Let me urge upon you to treasure the teachings of this article and as opportunity offers put them to painstaking, intelligent test.

We desire to thank Dr. Coleman heartily for his tribute to the Abbott alkaloidal granules, which have been under our fostering care so long.

Arrangements have been made with Dr. Coleman to continue the articles thus begun through 1896. This alone should influence every reader whose eye this reaches, if not a subscriber to become one at once.—Ed.

MY EXPERIENCE WITH THE NUCLEINS.

BY MORTIMER H. BROWN, M. D.

At the request of Dr. Abbott I will report in detail the treatment of some cases with nuclein. In the first three cases Nuclein (Aulde) was used, in the last four Protonuclein, Reid and Carnrick.

Case 1. Sciatica of three weeks standing, left side, pain very severe, leg flexed on thigh, could not extend on account of the pain and spasm of the flexor muscles. Pain and tenderness worse in the popliteal space. The usual treatment, both internally and locally, gave but temporary relief. Put patient on nuclein granules, gr. 1-12, four every two hours for the first day, then every four hours. Relief was noticed on the second day and patient cured in seven days. For one year there has been no return.

Case 2. Simple tonsilitis, dose same as

the above, with *pinus canadensis* as a spray; cured in two days.

Case 3. Sciatica of two days' standing; grinding, tearing pain in right nerve. Same dose, with menthol locally; cured in five days.

Case 4. Follicular tonsilitis, complicated with sub-acute rheumatism. Gave one protonuclein tablet every three hours; bryonia, one drop, every two hours; locally, *Pinus Canadensis* spray. Next day some better, same treatment. The following day throat decidedly better; the next day the throat about well. I stopped the protonuclein and changed from bryonia to *rhus tox* which cured the rheumatism in two days.

Case 5. Acute, suppurating tonsilitis; patient sick for several days before I saw him; had been using quinine and other home treatment. Temperature 103, tonsils greatly swollen; I opened both tonsils and gave the protonuclein the same as above, using Euthymol, P. D. & Co., as a local application. Patient was discharged on the second day.

Case 6. Nasal diphtheria; patient a boy, aged four years; sick for some time with sore throat. I was called in for a sudden collapse and, upon examination, diagnosed the above. I gave one tablet of protonuclein every two hours with one granule of mercury iodide, and used hydrozone, Marchand, locally and applied ice bags to the swollen and tender neck. Improvement commenced at once and my patient was discharged in eight days. I am treating him now for paralysis of the naso-pharynx.

Case 7. Diphtheria, aunt of case six, aged twenty-four, blonde and anemic. Was taken with a sore throat but paid no attention to it for two days when she had a severe chill. Upon seeing her soon afterwards she had a temperature of 105, could scarcely swallow; great prostration, and very offensive odor from the throat. Tonsils and uvula covered with a thick, yellowish membrane. I gave one tablet of protonuclein every hour with veratrine for the fever and used hydrozone locally. Twelve hours later temperature was 102 and throat not so painful. The next day temperature the same, no odor from the throat, membrane extended some, prostration not so pronounced. The case

went on like this for a week and then I gave mercury biniodide with the protonuclein and in two weeks the patient was well. The protonuclein in this case seemed to prevent further general infection but it had very little effect over the membrane. The patient is now on tonics, with strychnine arseniate as a base.

Holcomb, Ill.

At this time, when the Clinic is receiving many inquiries regarding these two preparations, this article comes to demonstrate by clinical experience that, in effect at least, they are much alike. The cases reported are very similar and the effects correspondingly good. It should be noted, however, that in each instance the nucleins were supported by most excellent alkaloidal treatment, which alone would not have been impotent in any of the cases detailed. The nucleins should not be looked upon as "cure-alls" but simply as adjuncts. They aid the body while the other agents used stimulate it to do its reparative work.—Ed.

"DOVER'S POWDER MODIFIED."

BY WILLIAM F. WAUGH, A. M., M. D.
Professor of Practice, etc., Illinois Medical College.

Dover's powder is one of the few relics of mediaeval polypharmacy that have retained their popularity, even in this age of scientific medication. The formula was one of those happy combinations where each ingredient favorably influences the other. While opium constipates and checks the secretion of digestive ferments, the tissue metabolism and the excretion of toxins by the liver and the kidneys, ipecacuanha antagonizes each and every one of these actions. Opium prevents the nauseant action of ipecacuanha and its tendency to cause griping. Both drugs increase the secretion from the skin and the bronchial mucous membrane, relax the vaso-motors and allay fever, especially when due to inflammation of the respiratory apparatus. The potassium sulphate acts as a laxative, even in the small quantity present in an ordinary dose of Dover's powder.

In arranging this compound for use in a granule, the alkaloids were employed instead of the crude drugs, while the potassi-

um sulphate was replaced by camphor monobromide. Many physicians have recommended the use of potassium bromide, instead of the sulphate in the ordinary Dover's powder; while for many of the uses of this powder, camphor is a valuable adjuvant. To break up colds, cure coryza, prevent the attacks of local inflammation that so often follow exposure to cold or wet, to relieve coughs, diarrhoeas or mild attacks of dysentery, camphor harmonizes well with the ipecacuanha and opium.

The granule is one of the best remedies for coughs I have ever employed. Time and again I have received letters from strangers living at a distance from Chicago, asking me to send them the prescription for these granules, some of which had been given them by patients they had met. The efficacy of the combination in many cases of intestinal flux is no less marked. In children and adults, when peristalsis exaggerated, there is no better sedative to the irritated bowel. When given to prevent or to break up a cold, a full dose should be taken, with a glass of hot ginger tea and a hot foot bath, as adjuvants. If the depression be great twenty drops of spirit of camphor will prove a better addition than any alcoholic stimulant. In many cases, also, where opium must be employed, this is a less objectionable and dangerous preparation than any other. It may be that there is a "Dover's powder habit," but I have never seen a case.

We asked for the above by Dr. Waugh, being much interested in and much pleased with this preparation and believing that at this season of the year we could not do better for our friends than to bring it to their attention. The formula is scientifically arranged, and if the granule is accurately and carefully compounded, the results of its proper application will be all that can be desired. We heartily endorse it and recommend it to our friends, believing that it will fill a niche in daily practice heretofore more or less vacant. Samples can be obtained of the granule manufacturers.—Ed.

NOW IS THE TIME

To renew your subscription to the Clinic, so as not to miss a number. We keep no "back numbers" to fill up with to any extent, so do it now and you will be provided for.

A BIT OF PERSONAL EXPERIENCE.

CASE REPORTS—CHOLERA MORBUS—SPASMS FROM INDIGESTION, TREATMENT.

BY JOHN F. RUNNELS, M. D.

I believe all medical men, as a rule, want to give as palatable remedies as will be consistent with good results. Few of the "regulars" who have been a decade in the practice, but can recall many cases which they have seen pass from under their control, simply because the mixtures given were so horrible that the child or woman, as the case may be, could not be persuaded to take them. Many times mothers' hearts ache at the punishment they are inflicting upon their little ones, in addition to their illness, by holding their noses, hands and feet and forcing nauseating draughts down their throats, that they themselves would object seriously to taking.

It was an experience of this kind that dropped upon me with such force that it knocked the scales from my eyes. About this time a friend, not knowing of my troubles, related to me his experience with the Schuessler remedies, which he had been using for a couple of years in connection with some specific tinctures, and I told him of my recent experience. He advised me to try these remedies saying I would be surprised at the good results and pleased with the ease of their exhibition. I tried them and they were a revelation to me. Of course I was well aware that the use of them was sufficient to ostracize me from "good society," but I was not looking for good society, I was looking to the welfare of my little patients and my own success. These remedies pleased me in the case of children but I lacked faith when I came to treating adults.

About this time, or a little later, through the kindness of Dr. W. C. Abbott, Alkaloidal Medication was brought to my notice, in which a class of powerful remedies is administered in small, frequently repeated doses that are suitable to all cases and conditions. It is now about ten months since I began using the granules and they have proved themselves veritable "arms of precision."

TWO CASES IN EVIDENCE.

Case 1. Mrs. L., married, two children; twenty-eight years of age; usually healthy; was taken with vomiting and diarrhea and severe pains in abdomen with temperature 102, pulse 100. I put 24 granules of aconitine, gr. 1-134, and 24 granules of sulpho-carbolate of zinc, gr. 1-6, into a glass with 24 teaspoonfuls of water, and told her to take three doses fifteen minutes apart, then six doses half an hour apart and then to continue every two hours until my return which would not be for eight hours unless specially needed. The abdomen was quite tympanitic.

I returned at the end of eight hours. The pain and fever were gone and the pulse was normal but the tympanitis and diarrhea remained about the same. I withdrew the aconitine but continued the zinc, the same dose every two hours. I called again the next day. She had not vomited since my last visit, the tympanitis was all gone and her bowels were moving less frequently and the passages were less of a diarrheal nature. I now put her upon a light diet, left granules of brucine, gr. 1-134, to be taken at three-hour intervals, continued the zinc with the brucine, and dismissed her.

Case 2. Earl G., aged two years; never been sick; strong and healthy; was taken with a spasm early one morning. Temperature 103, pulse 140. I prepared a solution of aconitine, gr. 1-134, and gelseminine, gr. 1-250, according to Shaller's directions—three of each in 24 teaspoonfuls of water—and directed a teaspoonful be given every fifteen minutes for four times and then every half hour until seven or eight doses had been taken. Calling again in three hours I found the child sleeping, skin moist, pulse and temperature 100; ordered the medicine continued at two-hour intervals.

The next day there had been no indication of a return of the spasms. The child had rested fairly well during the night but was vomiting and purging with a temperature of 101. Left off the gelseminine but continued the aconitine at half-hour intervals for six or eight doses, then every two hours with the addition of a 1-6 grain granule of zinc with each dose. Upon my next visit

I found the child sitting up and inclined to play. Had vomited but once. Fever all gone; still some diarrhea. Withdrew the aconitine but continued the zinc at two-hour intervals. Saw the mother after a couple of days and she said the child had had no further trouble. I have never tried any granules except those manufactured by the Abbott Alkaloidal Co., and if the present standard is adhered to I shall continue to administer them, knowing that my patients are getting the best that science affords.

I would like to read more of the bed-side experience of the Clinic brotherhood as they use the Dosimetric remedies. It is these experiences that enable us to use these remedies intelligently and make up a valuable journal. So don't be selfish with your knowledge.

178 Seminary Ave., Chicago.

Great numbers of physicians throughout the country, as they come to look more deeply into the polity of their work, are becoming dissatisfied with the cruder methods and see in Alkaloidal Medication the way out. It is the mission of the Clinic to help along this line.

We desire to call the attention of our readers to these two case reports as being ideal. The symptoms, treatment, effect and result, are each carefully given, so that no question necessarily arising in the reader's mind is unanswered in the text. We want many of these every month and we urge our readers to give us of their experience.—Ed.

THE MALADIES OF WOMEN.

AMENORRHEA AND DYSMENORRHEA—TREATMENT.

(Tenth Paper.)

BY W. C. BUCKLEY M. D.

Functional amenorrhea is often restored by the uterine sedatives, that is when congestion exists. When anemia is the cause, we should rely upon the vitalizing agents, and in both cases we should make free use of the well-known seidlitz salt as a depurative agent and don't fear too much the idea of its "thinning the blood," it attracts oxygen to the tissues as well as acting as laxative and purgative.

I know of no better remedy, as a general rule, when used as it should be, i. e., in alteration with other aids to its action, than the Uterine Tonic, so frequently spoken of in

the pages of this and other journals, but there are other drugs which may be brought into requisition, such as the *menyanthes trifoliata*, or its constituent *menyanthin*. This is a glucoside. Amenorrhea has yielded to this remedy when all others have failed. As long ago as 1614 *menyanthes* was employed in this affection. It was mentioned under the name of *trifolium aquaticum*. A Swedish writer, John Frankeni-
 enius, stated that a decoction of the herb removed all visceral obstruction. Now that we have the glucoside of the plant, that is neat, effectual and pleasant, we can, if necessary, use that in the form of a dosimetric granule.

Rheumatism, or something like it, is so frequently associated with menstrual disorders, that the first mentioned remedy, my Uterine Tonic, (the only genuine being made with my permission by the Abbott Alkaloidal Co., Chicago,) stands first among the regulating tonics and sedatives for disorders of this class. This I can say from a large experience in its use. Anemonin is another agent which has been found exceedingly useful in this affection. It is more especially indicated in persons of the lymphatic temperament, but it may properly be prescribed with success for all temperaments when indicated by a weeping and depressed state, one which is sometimes changed to that of moroseness and hypochondria, irresolution and restlessness. The dose of anemonin is gr. 1-134 to 1-67 every two to three hours.

These are matters, I think, of considerable importance in the treatment of female diseases. I have made these observations many times in the past quarter of a century, and not without much practical advantage both to myself and patients. Sometimes, when I notice that the patient is almost ready to burst forth in tears, I say to her, "Now, I will give you something to stop that crying." Then she usually laughs right out and immediately after that the tears flow and she is relieved for the present. I prescribe *pulsatilla* in some form, usually the granules of anemonin, with a laxative of some kind and she is better very soon.

I usually reserve my "sulphur compound" granules for the nervo-bilious temperament. Folks of this stamp do not cry readily. They may be morose and irritable, but they are rather sullen in mood, the tears do not lie so near the corner of their eyes. This temperament should receive the ganglionic stimulants as the articles composing the Uterine Tonic. They are energizers of the ganglionic nerve centers and, in full doses, cerebro-spinal sedatives, like all the remedies of this class; see article by the writer on "sedatives" in the November issue of the Southern Clinic. Being cerebro-spinal depressors, they relieve congestion of the viscera. According to the amount taken and the condition of the patient at the time of taking them, the direct sedatives may indirectly exhalt sensation and increase activity again. When taken by persons in good, general health they cause impairment of functional efficiency and if used in large quantity, destroy it altogether. If the quantity be too large, there is danger of completely paralyzing the nerve centers and thereby abolishing all functions dependent upon them. The safer plan and by far the best plan, then, is to give them in small doses, as frequently repeated as may be required, and to alternate with them the cerebro-spinal incitants as the strychnine, etc., thus we prevent danger of paralysis while at the same time we improve the vitality.

In dysmenorrhea, when not mechanical, the Uterine Tonic, by equalizing the circulation, gives very prompt relief. It should be used in preference to morphine or opium. If much pain remains too long, in spite of the Uterine Tonic, one of the "anilids," phenacetine, or acetanilid, may be prescribed in suitable doses. Lactophenin has recently come into repute. I find that it acts nicely, without any depressing or disagreeable after effects. I have prescribed it lately in place of the other coal-tar derivatives. Samples of this remedy may be had by writing to C. F. Boehringer & Sons, Chemists, 7 Cedar St., New York.

723 Berks St., Philadelphia.

The Clinic for 25c. Send 25c. now and will send you three more numbers.

THERAPEUTIC BREVITIES.

BY CYRUS F. CROSBY.

The lawyer has time to "read up" on all his cases, the minister has a week in which to prepare his sermon, but the doctor—well, he is expected to know everything and to be ready at any moment to give a clear-cut and correct answer to any and all questions from a scientific explanation of the influence the moon has over garden vegetables to the exact location of the Garden of Eden. Let this be as it may, the doctor often gains a wide reputation by being able to do a few small things.

Bee Stings.—Bathe the parts freely with spec. tr. aconite. If this is done at the beginning it will invariably give relief.

Felons, to Abort.—Take of lye soap, spirits of turpentine and blue mass equal parts, make into a paste and apply. It tried early it will rarely fail to do the work.

For Pimples.—To cure pimples on hands and face, etc., bathe parts freely with nitrous ether. This is also an excellent application in erysipelas.

For all fermentative conditions of the alimentary tract, flush the bowels with seidlitz salt. This is often all that is required in many of the evanescent fevers of childhood. All diseases, more especially all chronic diseases, will yield more readily to treatment if the stomach is washed out every morning with a good dose of seidlitz salt. This salt is not only a safe and mild cathartic but in small doses it is a very good cholagogue and diuretic as well.

Inflamed breasts.—This is a very painful and, if not treated rightly, troublesome affair. Let me give you a treatment that has never failed me once when used in time. Internally give phytolaccin, gr. 1-6, every one-half to two hours. If there is fever combine with it the Dosimetric Trinity No. 1. Externally make a poultice by boiling the tender roots of the poke stalk till they resemble cooked potatoes. Keep this constantly applied as hot as can be borne, and, notwithstanding all the suggestions of anxious friends, aunts and grannies to use salty butter, turpentine and bees-wax, camphor and what not, you stick to your poke root

poultice and phytolaccin and cure your patient.

Ear Ache.—To be able to relieve this painful disease quickly and surely will bring us many blessings. If the trouble is acute and caused from cold put a few drops of mullein oil in the ear every hour or two or fill the ear with water as hot as it can be borne. Let it remain until relief comes. Then withdraw water and plug ear with absorbent cotton. As internal remedies I might mention aconitine if there is fever, passiflora if there is much irritation, quinine if there is periodicity.

For incipient albuminuria, here is a prescription that has served me well so far: Strychnine arseniate, gr. 1-134, 1; glonom, gr. 1-250, 2; nuclein, gr. 1-12, 4. Give every two or three hours. I shall not comment on this prescription at present. Hope to be able to do so in the future.

For an irritative, dry cough, one that will just cough in spite of you, give an adult, gr. 1-6 of codeine, gr. 1-250 hyoscyamine and 15 or 20 drops of specific tincture dros-era. Children in proportion. Repeat the dose every one-half to two hours. This combination, when tried in this condition, will become one of your warmest friends. For breaking up an acute cold I know of nothing better than the aconitine and morphine compound, or "Coryza granule." I have tried it sufficiently to be able to recommend it.

Be sure of your diagnosis; always be prepared for an emergency; learn to use, in the main, alkaloidal therapy, then learn to collect your bills and you will never die of despondency.

Little Red, Ark.

In regard to the treatment of inflamed breasts, mastitis, I would emphasize what the doctor has to say, having tried it with excellent success many times. I have never, however, made use of the poke root poultice, having simply covered with dry cotton and a bandage. A most excellent dressing is a compress held in place by elastic bandages. A recent experience with this expedient was very satisfactory. I have seen such cases in consultation, where incision was contemplated, that yielded nicely to this treatment and if in any case the inflammation had gone so far that an abscess must form, it was a mere bagatelle

compared to what it otherwise would have been. Don't forget phytolaccin, the dosimetric trinity and proper external treatment when you see your next case.

I can also speak with approval of the Doctor's suggestion for irritative cough, so far as the hyoscyamine and codeine are concerned. Have sometimes added to this cicutine hydrobromate with excellent results. I have never used the drosera.

His other ideas are unquestionably good, for nothing else comes from Crosby. Let us have more of it, Doctor.—Ed.

THE ELECTRICAL TREATMENT OF SUBINVOLUTION, MENORRHAGIA, SPINAL IRRITATION, ETC.

SUGGESTED BY QUERIES AND COMMENTS IN THE NOVEMBER CLINIC.

BY C. S. NEISWANGER, PH. G.

Professor of Electro-Physics, Post Graduate Medical School of Chicago.

The history of the case of neurasthenia for which "R. C. B." asks help and which was published in the November Clinic, page 214, is very incomplete and may be anything else than a case of neurasthenia proper, although the pathology of this trouble is very obscure and the symptoms given by the doctor may fit some of the many phases of the disease and must be studied by themselves for purposes of intelligent treatment. At a first glance this looks very much like a case of uterine non-development and the history given corresponds very closely with the reflex symptoms attending that trouble. In all probability this patient has never been pregnant, this would go still further to strengthen our belief in the above diagnosis, which after all is mere guess-work. All the doctor has told us is that his patient has dysmenorrhoea, but that is only a symptom and many arise from a variety of causes such as infantile uterus, obstruction, stenosis, versions, etc., all of which are more amenable to treatment by electricity than any other means.

Cases of non-development should be treated with a slowly interrupted faradic current using a bipolar intrauterine electrode.

It is often found, however, that in these cases we either have to deal with a "pin hole

os" or that the uterine cavity is so contracted that it cannot be entered by anything but the smallest sound, when it becomes necessity to dilate before an electrode of suffi-



Fig. 1.

cient size to accomplish the work can be introduced. This is easily done with a small point fastened on an insulated stem (Fig. 1) and attached to the negative pole of the galvanic current using about 20 ma., when the electrode will pass through the contracted canal with very little pressure simply by the alkaline action of the pole. The sitting may be repeated every third day using a larger olive at each sitting. It would be interesting to have a more complete history of this case.

The editor has made excellent electrical suggestions as to the treatment of "J. W. C's" case of subinvolution on page 215, the treatment suggested applies more properly however to simply cases of subinvolution, due to inertia; but it is not common for this trouble to be dependent upon so simple a cause. It more often happens to be due to septic or traumatic lesions, such as pieces of retained decidua, lacerations, etc., when dif-

ferent technique must be employed, the galvanic current being indicated.

If bleeding be one of the factors of the trouble an electrode of pure tin or platinum attached to the positive pole is used, intra-uterine, for five to eight minutes every second day with a current strength of about 30 to 50 ma. This application has a triple purpose, viz: to stop bleeding, arrest inflammation and bring away any shreds of retained membrane; these shreds will nearly always be found firmly adhering to the electrode, and in these cases as well as many others the use of the curette can be avoided if we but know the value of the positive pole.

The fact must not be lost sight of that subinvolution always exists as a normal termination of pregnancy and any procedure whether electrical or otherwise that tends to hasten normal involution often brings disastrous results, therefore it is best to let nature do the work if she can.

I feel impelled to say a few words relative to Dr. McMahon's case of menorrhagia on page 218, as such cases offer excellent chances for electrical treatment where a favorable prognosis may nearly always be given; and while I agree with the editor's comments as to the probable existence of an intrauterine fibroid, I must differ with him somewhat upon the electrical treatment.

It may not be out of place here to cite the fact that many writers almost preclude the possibility of such uterine growths after the menopause has been passed, and that if benign growths do exist just prior to "change of life" they give no further trouble after such "change" has been passed. This may be a good rule but it has many exceptions and the writer has seen several troublesome tumors removed after the menopause had been passed, some of which had existed previous to that change, while some had not. This comment is only made because we think the doctor may have excluded a fibroid tumor because of the age of the patient.

An electrode after the style of the one shown in figure 2, made of block tin or copper, is introduced into the uterine cavity, and being attached to the positive pole of a gal-

vanic battery, with a large abdominal pad for the negative terminal, the current is gradually turned on until at least 50 or 60 ma. is reached; this should be maintained for about five minutes, and be repeated twice a week. If a block tin electrode is employed it would be well to insulate it with a

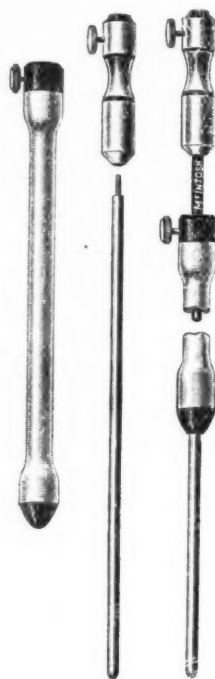


Fig. 2.

little shellac varnish where it comes in contact with the internal os so as to prevent cauterization at that point. The copper electrode is preferable because we can utilize both the antiseptic properties of the oxychloride of copper and the hemostatic properties of the positive pole without cauterizing the endometrium.

After hemorrhage has been stopped the cure is brought to completion much quicker by reversing the polarity of the current and using the active electrode on the negative pole.

Dr. S. D. Sour's case under the editor's caption of "Spinal Irritation" is very interesting and deserves more attention than can

now be given to it; but as one of the factors appears to be a hyperaemia of the cord we had better follow the advice of Lowenfeld and apply galvanism with the negative to nape of neck, positive to lumbar region. The current strength may be 10 to 15 ma. for ten minutes daily.

The doctor says that electricity has been used in this case for nearly a year; it would be interesting to know how and what current has been used.

It has been about twelve years since Dr. Apostoli published his results relative to the use of electricity in gynecological practice, and notwithstanding the many adverse criticisms (nearly always from those who understood it the least) it has steadily advanced and gained a firmer hold year by year, both upon the medical profession and laity, until now it can truly be said that the physician who is electrically equipped is the one who is reaping the harvest.

Its advocates are legion and from the creme of the medical profession. Can it be that all these men of brilliant minds are mistaken, or are they knaves and fools as some pessimistic critics would have us believe? The fact is, the application of electricity like that of Alkaloidal Medication, is based upon sound principles and has therefore, come to stay; a mere fad cannot gain strength year by year.

The writer wishes to thank the editor and readers of the Clinic for the kindly reception given his electro-therapeutical suggestions during the year, and if they should tend to encourage a more rational use of this valuable adjunct in medical work he will feel amply repaid.

6354 Maryland Ave., Chicago, Ills.

A NEW YEAR'S PRESENT.

One dollar pays for the Clinic one year and secures, to a new subscriber, our filled premium pocket case, fully explained on ad. page three. If you like, you may club with five friends and we will send the six for five dollars. What of more value for so little money could you do for a brother M. D. to whom you wish to extend the compliments of the season. This combination offer is our compliment to you. Be sure and send us your subscription or renewal anyway. If you are a stranger to the Clinic and hesitate to send your dollar after reading this "sample copy" send us 25c for the next three months.

The Alkaloidal Clinic, Station X, Chicago.

FROM CURRENT LITERATURE.

RESORCIN IN SEBORRHEA.

The following is clipped from The Medical Summary:

Dr. Kate W. Baldwin makes the statement that resorcin stimulates the glands and hair follicles, and markedly increases the growth of hair. It is an odorless, powerful, antiseptic, germicide, and exfoliative, readily soluble in water or any strength of alcohol, and so particularly adapted to seborrhoea. She has used it in fifty cases to the exclusion of all medicaments except as adjuvants or excipients. It may be used in a simple aqueous or alcoholic solution. Her standard formula is:

Resorcin, dr. 2; glycerin, dr. 3; absolute alcohol, oz. 1; rose water, sufficient to make oz. 4.

This was varied to suit the particular case, never having increased the amount of resorcin. In a few cases where the surface was very dry, there is added ten to fifteen drops of olive oil to the four ounce mixture, but it should be thoroughly emulsified, otherwise it is better left out. According to the case the lotion should be used once, twice or three times a week; in bad cases, every day for a week, and then less frequently. It should be applied directly to the scalp and not to the hair. —Philadelphia Polyclinic.

TREATMENT OF ACUTE SALPINGITIS.

In an article on this subject in The Homeopathic News, March, 1894, Dr. E. E. Snyder, Binghamton, N. Y., urging conservatism in treatment, says:

"A most valuable accessory treatment in these cases, especially where there is excruciating pain and suffering, and great tenderness and probably swelling in the region of the broad ligaments, ascertained by examination per vaginam, is the vaginal tampon saturated with the Glycerole of Iodine. It will relieve the agonizing pains very promptly, and it should be reapplied as often as the pains return, or from two to four times in twenty-four hours for a few days, then once a day for a time, until the sensitiveness is well overcome. I use at first about a twenty per cent mixture of the tincture of Iodine with Glycerine, and reduce it somewhat as the patient improves. This local treatment is not merely palliative, but is also curative. It produces an abundant serous discharge, and you can by repeated examinations observe the swelling grow softer, less sensitive to pressure and smaller, until it is all absorbed. I have been called to see a number of these cases in consultation, where surgical operations had been thought

necessary. The patient had been suffering the most agonizing pains, which had only been temporarily relieved by frequent and large hypodermic injections of morphia. On resorting to these tampons, the severe pains promptly subsided—no more morphia was used, and the patient made good recoveries without operations and without any serious after-effects."

In these glowing times of brilliant laparotomies for exploratory record breaking and other purposes we gladly give space to such extracts as the above.

ALCOHOL.

After an ample clinical field of observation in both private and hospital practice for more than fifty years, and a continuous study of our medical literature, I am prepared to maintain the position that the ratio of mortality from all the acute general diseases has increased in direct proportion to the quantities of alcoholic remedies administered during their treatment. How can we reasonably expect any other result from the use of an agent that so directly and uniformly diminishes the cerebral, respiratory, cardiac and metabolic functions of the living human body? Both the popular and professional beliefs in the efficiency of alcoholic liquids for relieving exhaustion, faintness, shock, etc., are equally fallacious.—Dr. N. S. Davis.

IMMUNITY.

On this rather obscure, but interesting subject, we take pleasure in laying before our readers a resume of Prof. Buckner's work as given by the editor of *The Charlotte Medical Journal*, Aug. 1895:

"Prof. Buckner has published a summary of his work for the past three years on immunity, and collects thus his most important conclusions:

1. Natural resistance against infection—so-called "natural immunity"—depends upon totally different causes and conditions to those on which artificial or acquired immunity depends, and though practically both may coexist in the same patient, the two sets of conditions must scientifically be considered and investigated separately.

2. Natural resistance depends, on the one hand, upon the bactericidal action of certain dissolved constituents of the organism—the so-called alexins—and, on the other hand, upon an inborn insusceptibility of the tissues and cells of the body to particular bacterial poisons. Natural resistance as a rule cannot be communicated to another animal by the blood.

3. The leucocytes possess an important function in the natural methods of defence of the organ-

ism, not as phagocytes but by reason of soluble substances which are secreted by them. Phagocytosis is only a secondary phenomenon.

4. Artificial or acquired immunity depends upon the existence of modified specific bacterial products, the so-called antitoxins found either in the blood or in the tissues of the animal or in both places. As a rule the antitoxins and the artificial immunity which they carry with them may be conveyed to other animals by the blood and milk."

5. Antitoxins work not by direct destruction of the bacterial poisons from contact with them, but they lean—in the animal, and only through the medium of its tissues—to, a diminution of the specific susceptibility of the living tissues, whereby these become insusceptible and resistant to the bacterial poison.

SUDDEN DEATH IN A CASE OF FRACTURE OF THE PATELLA TREATED BY MASSAGE.

The following extract, taken from the *American Medico-Surgical Bulletin*, Sept. 19, 1895, comes to us as a word of caution and a warning that massage is not devoid of danger, however valuable it may appear in certain cases of sprain and fracture:

Cerne treated a man with fracture of the patella by immobilization, but later ordered massage in order to hasten absorption of some swelling about the joint. Twenty-four hours after a seance of massage, the patient was suddenly taken with a suffocative attack and died in a few minutes. It was found that the pulmonary artery had been obliterated by a clot from the profunda-femoris vein. While such accidents have been known to occur from slight or unknown causes, yet the massage was quite probably the cause in this case, and care should certainly be exercised in employing it when there are such signs of edema as might indicate thrombosis of a vein.

TREATMENT OF EPITHELIOMA.

The formula for Marsden's paste is as follows:

Acid arsenious, 2 drams; pulv. gum arabic, 1 dram; cocaine muriate, 18 grains.

This powder should be made into a paste by adding water, when it is to be used; and "the paste should be of the consistency of rich cream, and applied to the wound on a small piece of cloth, and left on from eighteen to thirty-six hours. This can be repeated as often as necessary. The above is the formula for the stronger paste. In the weaker, only one dram of arsenious acid is used, and twelve grains of cocaine."—*The Medical Herald*.

MISCELLANEOUS.

COPPER ARSENITE AND NUCLEIN FOR GONORRHEA.

Editor Alkaloidal Clinic:—In reply to Dr. Hendershott, P. 216, November Clinic, I will say that the treatment of subacute and chronic cases of gonorrhea is frequently most unsatisfactory, principally because medication as usually practiced is so transitory in its effects. The old custom of medicating the entire system, by the internal administration of cubebs, copaiba and oil of sandalwood and the like has been very generally discarded, owing to the fact that we now know that this disease is dependant for its persistence upon the presence of a micro-organism. In view of the excellent results which have attended the local use of copper arsenite in the class of cases specified above, it will be worth while to record a brief synopsis of the method of treatment. It is as follows:

When a patient has been treated unsuccessfully for gonorrhea, and the condition becomes subacute or chronic, it is of first importance that the urethra should be kept as free as possible from the accumulation of muco-purulent material, and this can be best accomplished by the judicious use of hydrogen dioxide. A suitable syringe must be used, and to a small quantity of the normal solution should be added a little warm water, warm enough to avoid chilling the delicate structures, and the injection should be repeated until there are no indications of pus. When this operation is completed, the solution of copper arsenite is used, the urethra being fully distended—using the utmost care—once or twice with a warm solution, prepared in the following manner: A tablet containing one grain of pure copper arsenite is shaken up with four ounces of distilled water, and to this mixture is added, drop by drop, dilute hydrochloric acid until the salt is dissolved and the solution becomes clear, the bottle being frequently shaken during the process of adding the acid. Of this solution about a drachm is added to two ounces of hot water and one or more syringe-fulls injected into the urethra as directed above. Should there be great sensitiveness of the mucous membrane, it may be advisable to add a few drops of a two or four per cent. solution of cocaine. This double operation should be repeated at least three times a day, and when it can be practiced four to six times a day the results are still better, the patient being advised meantime to avoid stimulating foods and alcoholic beverages of every description.

It not infrequently happens that cases of this kind will develop a slight stricture, which will interfere with the healing process; in this case the above treatment must be modified. Where the condition has not existed too long, it will only be necessary to pass a steel sound once a day, and add internal treatment—a tablet containing one-tenth grain of calcium sulphide at intervals of two or three hours.

In this connection I would like to add that I have formed a very favorable opinion of the value of nuclein solution in the treatment of gonorrhea at any stage, owing to the germicidal value of this product, and if any of the readers of the above lines have cases in hand which prove rebellious to the usual methods, I will be glad to send a sufficient amount of the solution for trial in several cases, with the understanding that they will report through these columns the results of treatment. This proposition is made under the belief that the directions will be faithfully complied with and that a thorough test will be made without the addition of other remedies than those advised in the letter of instructions. It is my impression that by the proper employment of nuclein solution, the disease can be aborted and complications avoided, and the reports, therefore, will be in the nature of addition to our therapeutic armamentarium. I ought to add further, that this offer is made upon a definite knowledge of the effects of nuclein solution (the animal product) upon tetanus or lock-jaw, hydrophobia, snake-bite and other diseases believed to be of microbic origin.

Philadelphia, Pa.

CANCER OF STOMACH.

Editor Alkaloidal Clinic:—You ask my opinion of the cause of cancer of the stomach in case reported by E. F. Kelchner, M. D., in October Clinic. We will suppose one thousand men drink too much cold water, while over-heated, one or two of them have cancer of the stomach, the rest do not; or one thousand ladies bruise their breasts, and some years after one or two of them have cancer of that breast, the rest have nothing. If an injury creates the cancer germ, why don't more of them have cancer? Undoubtedly they would if such was the case.

We are told that nearly every cancer can be traced to an injury, with this I agree. An injury causes the cancer germ to locate there, but does not create the germ. What causes the first germ in the system of patients suffering with this disease? That drinking too freely of cold water while overheated was the cause of the location there of cancer in the above case I have no doubt,

but it was not the generating cause of the disease.

Now a word in regard to treatment. Many cases of true cancer will yield to medical treatment if persisted in for a sufficient time. In order to effect a cure the treatment must be such as may be continued for a long time without injury to the system. The appetite and digestion must remain good throughout. The moment the general health breaks down the case becomes hopeless. Any medicine that disturbs digestion will prove a failure. For this reason, as well as others, the salicylates cannot effect a cure.

Dorchester, Mass.

Dr. W. D. James.

BODY SACRIFICED TO BRAINS.

Editor Alkaloidal Clinic:—I have had a copy of your journal and feel somewhat interested in the subject of Alkaloidal Medication. Any advice you can offer as to the quickest mode of becoming acquainted with the method will be of help to me.

I have a case, a young lady of sixteen, attending the Academy here, a good scholar, that has bothered me not a little. For two years or so she has been troubled with a chronic catarrhal disturbance of the stomach. Sometimes she feels quite well but is never entirely so. At times she is very poorly but still keeps on in school and is at the head of her class. Naturally she is of a constipated nature and often has a feeling of nausea, still, in general, her appetite is good. If she were older I should think her trouble was of a malignant nature, as the case has resisted all ordinary remedies. Any suggestions that will help me in the treatment of this case will be appreciated.

Dr. J. H. S.

Before discussing the case let me say, doctor, that you have started exactly right in order to become rapidly acquainted with the active principles and their method of use. You have the Clinic and a small assortment of the more important remedies. Apply the newer ideas in the light of your well grounded knowledge and go ahead.

The case described interests me deeply, and I trust that the Brotherhood will come to the doctor's aid with additional suggestions. This girl has been a close student through the grades, probably through High School and into the Academy. Her brain has developed, her central nervous system (cerebro-spinal) has been over-wrought and is in a state of excess, while her bodily functions all this time have been compelled to take third place. She has not taken exer-

cise, she has not rested when Nature demanded, she has eaten and attended to the unavoidable demands of Nature when she most conveniently could, resulting in the condition set forth in the caption, a genuine sacrifice of body to brains, and you never will cure her until the cause is removed, and even then the process will be long and tedious and the result more than likely disappointing.

To stimulate the ganglionic or sympathetic nervous system, give Buckley's Sulphur Compound, each containing pulverized sulphur, gr. 1-134; extract nux vomica, gr. 1-67; podophyllin (neutral), gr. 1-67; collinsonin, gr. 1-134; one every two hours, with a heaping teaspoonful of seidlitz salt in 2-3 of a glass of hot water before breakfast every morning. To still further arouse the vegetative system, give hyoscyamine, gr. 1-250; macrotin, gr. 1-6; caulophyllin, gr. 1-6; helonin, gr. 1-6; the formula known as Buckley's Uterine Tonic, one three times a day. This is a general stimulant not confined in its application as its name would indicate. After the bowels are acting nicely, drop the sulphur compound but continue the seidlitz salt with now and then a granule of podophyllin at night as needed. Take away her corsets, see that she has abundant physical exercise and eats largely of graham and kindred foods. If you can wake her up to a realization of her true condition, you may be able to do something for her. Opinions of friends are wanted, also reports of the progress of the case.—Ed.

BRYONIN—HOW DOES IT ACT?

Editor Alkaloidal Clinic:—I like the Alkaloidal remedies very much. In them we find what we have long recommended but have been slow to practice, pleasantness and smallness of dose. I am profited by the Clinic and was especially interested in your hint to one of your readers in the October number that he guard against poly-pharmacy. Another writer, in reporting a successful case, referred to no less than twenty drugs that he gave to a little child in as many days.

The writer on bryonin, after reporting his success in curing a certain kind of pain, asks "Was this vis medicatrix nature or vis medicatrix granulosa." I reply "It was a case of *similia similibus curantur*." If he will administer bryonin to himself, his wife if he has one, or his best girl,

in large enough doses, he will produce the kind of pains he cured with it in small doses. Bryonia is one of the best medicines in the materia medica and yet some of the "great lights" never recognize its value. Treatment by the use of the alkaloids is in advance of the usual methods. I am a graduate of a regular college but have since made a careful study of Homoeopathy Eclecticism and Alkaloidal Medication. Dr. J. B. McCool.

Elizabeth, Pa.

SURE SIGNS OF APPROACHING DEATH.

Editor Alkaloidal Clinic:—I have a request to make. I am engaged in a work which when completed will be of untold benefit to all your readers, presuming of course you will publish my request and report. I am compiling a table or chart of "Sure Signs of Approaching Death" and ask every reader of this article to write to me personally giving such sign, disease and probable length of time that will elapse from first appearance of sign, till death ensues. Remember I want no sign of unfavorable prognosis, seen early in the disease, but a sign from which we may certainly predict death within twenty-four or thirty-six hours. Please state if your signs are sure, almost sure or probable. I will give credit to the right parties in my report and publish same in the Clinic. I enjoy reading your journal. J. D. Albright, M. D.

Akron, Pa.

LARYNGIAL CATARRH.

Editor Alkaloidal Clinic:—What would you give in a bad case of laryngial catarrh? Emetine, strychnine, arseniate or hyoseyamine? Please advise. Dr. Beckel,

Sheboygan, Wis.

These cases are usually attended with congestion and oedema of the larynx together with a catarrh of the contiguous bronchi, and this condition is usually well overcome with large doses of strychnine combined with potassium bichromate; say, strychnine arseniate, gr. 1-134 and potassium bichromate, gr. 1-67 to 1-35 every two hours. In acute laryngitis, aconite combined with hyoseyamine is the treatment.—Ed.

NON-MERCURIAL TREATMENT OF SYPHILIS.

Editor Alkaloidal Clinic:—If you will allow me space in your valuable journal I will endeavor to answer many queries I have received since the publication of my article on

"A New Alternative Bull Nettle or Jatrophia Stimulosia."

I must admit that the non-mercurial treatment of syphilis has proven much more satisfactory to me since I have been using the Bull Nettle, as I find many cases in which the mercurial treatment is not admissible, the state of the constitution or the disease being such that mercury cannot be given in any form. It is indeed especially to individuals of an unhealthy or strumous habit of body, or in those who are suffering from local visceral disease of some kind, that this plan of treatment is adapted. With those to whom from the nature of their occupations, subject to much exposure to wet and cold, the mercurial treatment cannot be properly or safely administered, the New Alternative is the most advisable plan that can be adopted.

It is by administering mercury to strumous and cachectic patients, or to those whose powers have been broken by habitual dissipation, that so much mischief is done. By the new alternative method of treatment the constitution of the patient is saved from the introduction of the mineral which in many cases acts injuriously, and which, as the disease can be cured without it, may at all events be looked upon as unnecessary. Secondary affections less frequently follow this plan than they do the administration of mercury, and those distressing cases of constitutional syphilis which are common after mercurial courses are rarely if ever met with in persons who have undergone the non-mercurial or alternative treatment.

I have had a good quantity of the Bull Nettle gathered and will have it made into a decoction by my friend, Mr. C. E. Wicker, a druggist of Greenville, Texas, and all physicians wishing to use this preparation can obtain it from him.

One word in regard to location of patients. If they are in a malarial district it is a good idea to use, in connection with this treatment, the A. A. Co.'s granules of arseniate of quinine.

Syphilitic patients as a rule are sallow and the liver is contracted rather than increased in size. In all cases we must not forget that the first step is to improve the general

health and support the vital powers. In bad cases we should administer, every three hours, small quantities of the most nourishing, non-stimulating food, especially milk and eggs and farinaceous puddings, such as arrow root, tapioca, sago, cornflour, rice, oatmeal, etc. Besides these, animal and vegetable broths and all kinds of white fish may be given in moderation, but neither salmon nor mackerel, for, of our native fish, these are the most liable to disorder the digestive and hepatic functions. All salt and tin-can goods are to be left out, as well as beer, whiskey and wine. Careful attention to ordinary sanitary laws is indispensable.

W. W. Pugh, M. D.

Kingston, Tex.

We have admitted this and the previous article on the same subject, thinking there might possibly be something in this drug of value to our readers. The commercial aspect of the affair appears in this and we will now drop it unless, with the opportunity here offered, our readers find something in it that requires further attention. If bull nettle is better than any other vegetable alterative, we want to know it. Let us hear from any who have tried the drug.

The doctor's ideas regarding the tonic treatment of this disease are particularly worthy of commendation. The reason why mercurials are so often harmful is because the system is in such an atonic condition that it can neither respond to the stimulus of mercury or eliminate it at the proper time. A desirable preparation under these conditions is Mercaprepared by Chas. Roome Parmele, New York.—Ed.

NEED OF LITERATURE.

Editor Alkaloidal Clinic:—What I need is more literature on Alkaloidal Medication. Will you please give me the names of one or two of the best books on the subject?

Dr. S. J. F.

—, Ia.

There are but few books devoted to this particular method and of the few there are none to spare. First, for practical utility, stands Shaller's Guide, next Castro's Practice and the Works of Burggraave. Following these comes Waugh's Manual, which, as an outline, is far more comprehensive than all the others. It will not do alone, but having the others does not preclude the necessity of this. About \$10.00 will cover the whole library and it is money well invested.—Ed.

CHILL DURING TYPHOID FEVER.

Dear Doctor Abbott:—I want to give you my experience with a case of chill during typhoid fever. Mrs. S., during the second week of typhoid fever, was taken with a very severe chill. A message was immediately sent as to her condition, and I was at her bedside in a very few minutes.

I found her shaking violently, hands and feet cold, pulse over 120, temperature 107 with a pinched and extremely anxious expression of the face. I immediately gave her two granules of glonoin to be dissolved in the mouth and a hypodermic injection of atropine, gr. 1-200, with a little morphine, less than 1-8 of a grain. In fifteen minutes she received another dose of glonoin. This was about 4 o'clock. I then left glonoin and trinity granules to be given at longer intervals, and returned at 8 o'clock to find my patient much better. Her hands and feet were warm, temperature 103 1-2, and she was reasonably comfortable. We had no further trouble with chills and she went on and made a good recovery. I might add that all through the fever her temperature ran pretty high ranging from 104 to 105 with a small, rapid pulse at times. I controlled the heart's action nicely with caffeine and the trinity granules.

Yours very truly,

—, Nebr.

Dr. J. O. H.,

The above personal letter has a sharp point. Here was a case of impending death; a highly wrought nervous system ready to collapse with a terrific explosion of nervous energy. Without the prompt and efficient means adopted by our friend, the case would have been hopeless in a few hours. In all your treatment, keep the fever down, look out for peripheral circulation and support the heart. In other words, help Nature the best you can in her battle for life.—Ed.

AN OLD SOLDIER—ATROPINE IN DISURIA.

Dear Dr. Abbott:—When I read the Clinic and learn with what ease and facility great results are obtained with the little pills, I feel a new life coursing through my veins, and I forget that I am 73, but such is the fact nevertheless; therefore, my time here is short, but I go with heart gladdened by the fact that the world of mankind is gradually leaving the cells of bondage, the bloody fields of its stripes and punishments, for the land of liberty, the Palestine of health!

Doctor, I am an old man and poor. I have always endeavored to return full value for every-

thing received from others, to say what I mean and mean what I say, but I discovered long ago, to my everlasting sorrow and chagrin, that that sort of man wasn't "in it." Well, we are admonished in "the old book" not to lay up treasures on earth where moth and rust and thieves abound; all be it, if I had a moderate amount of either of the metals our politicians are having so much contention about, I think I could keep it secure from that trinity of destroyers and not lessen my chances for a seat in Paradise.

Just one word about the "little pills." I chanced, the other day, to meet a lady from Baraboo, Wis., where I was called two weeks ago. She said: "Doctor, I have suffered untold agonies in bladder and urethra for the last twenty-four hours, had to get up last night about every ten minutes for relief, but got none. I am subject to such attacks." Without a moment's reflection I gave her six granules of atropine and told her when she retired (it was then bed-time) to take one every half hour. The next day she met me with a smile, saying, "After taking the third pill I knew no more till broad daylight this morning." After a week or ten days, she had had no return of the malady. But I forget, one man has no right to waste another man's time, so I will let you off.

Dr. S. R. H.

It is particularly noticeable that those who have had years of experience in the field, unlearned some things they thought they knew and proven the fallacy of many of the supposed truths of earlier days, are the quickest to see the benefits of and adopt the principles of Alkaloidal Medication. The man young in professional years has "no use for it," and looks upon it's teachers with a supercilious smile. He who has been in active service five or ten years, is conservative and willing to be convinced, while it remains for the man of ripe experience to receive it with the prompt, full recognition it deserves.

A word about the doctor's case of disuria. Atropine is the proper treatment for a functional case, as this proved to be; dilating the skin capillaries, it removes local congestion and by its action upon circular fiber, it removes local congestion and by its action upon circular muscle fiber, it stops rennesmus, which is a painful and important element in the disease. We like to hear from these fathers in medicine.—Ed.

Doctor, is not the Clinic worthy of your subscription and support? One dollar for '96.

ASTHMA.—A FURTHER REPORT.

Editor Alkaloidal Clinic:—My case of asthma, reported in April Clinic, page 69, has improved considerably but there is still a little wheezing, which, though slight, yet seems to baffle my skill. His pulse is too rapid, beats 84 to 100 per minute. He has had spells of ease. I have pushed the strychnine arseniate, gr. 1-134, giving, in four doses, 10 to 13 granules daily, with glonoin and hyoscyamine. His health is good. He is stout and has gained in flesh since the treatment began. He has catarrh which I am treating. I can't push the hyoscyamine as I would like for he works in a button factory turning buttons and I cannot dilate the pupil too much or he cannot see to work. He has taken from five to eight doses a day of the crystals, gr. 1-250. Now, why does his heart beat so fast? Can it be due to the spasm that is not totally relaxed? If any way possible, please give me some help on this case. He has been under treatment about six months, and I am beginning to lose courage. It is a special test case and I do not like to fail. Any help or suggestion will be gladly received.

Dr. S. R. S.

Chronic asthmatic conditions almost invariably result in heart debility, sometimes, fortunately, in hypertrophy. This is probably one of debility and, while continuing the other treatment, the heart should be slowed down with digitalin or the "Heart Tonic" (a formula frequently referred to), so that its muscle can nourish. Then, if the asthma does not return, the rapidity of circulation will cease.—Ed.

INCONTINENCE OF URINE.

Editor Alkaloidal Clinic:—Will you kindly tell me what treatment to put a little girl upon, five years old, for nocturnal and daily incontinence of urine? Have not found any sugar thus far. Think the trouble is caused by hyperacidity over-contraction and weak sphincters.

Dr. M. M.

—, Minn.

Doctor, you will find several references to the treatment of this condition in the September Clinic. Suppose you give the little one a granule of atropine, gr. 1-500, and one of brucine before meals and two doses, half an hour apart, just before bed-time. Limit quantity of drink and suggest a light, early supper. See that the bowels are acting properly.—Ed.

TREATMENT OF CORYZA AND BRONCHITIS.—AN ANODYNE FOR CHILDREN.

Editor Alkaloidal Clinic:—Enclosed find a dollar for renewal of my subscription. Will you please give me the alkaloidal treatment for, first, an acute coryza with its usual symptoms; second, acute bronchitis which sometimes follows; third, for sub-acute bronchitis; something to loosen the sputa, stop the cough, and hasten recovery. I would also like to know the best pain reliever for children, to use in acute otitis or other conditions where there is considerable pain. If possible, answer by private letter.

Dr. C. R. D.

Washington, D. C.

These queries were answered by private letter, but they are of sufficient value to be reproduced in the Clinic. To successfully treat an acute coryza we must take measures to relieve mucous congestions, soothe the irritated membrane, stimulate the liver and promote elimination. For this we suggest aconitine, atropine, morphine and calomel in proper doses. The first to relieve congestion, the second to act upon the mucous membrane locally, the third as an anodyne, and the fourth to stimulate excretion. These are well combined in one granule, first suggested, I think, by J. J. Taylor, M. D. It is known as the "Atropine, Aconitine and Morphine Compound, or Coryza granule," each containing atropine sulphate, gr. 1-1500; aconitine, gr. 1-500; morphine sulphate, gr. 1-100; calomel, gr. 1-12. One granule should be given every half hour until dryness of throat is noticed, then every two hours for one or two days. This, or any modification of the granule the case may demand, can be prepared from the single remedies and will be found to work very nicely.

An acute bronchitis is of much the same character. In the coryza the nose and throat is the seat of explosion, while in bronchitis it is the bronchial mucous membrane, and much the same treatment will be found efficient. Emetine, however, should usually be added if the secretion is not abundant. Aconitine, emetine, codeine and calomel are indicated remedies. In the clearing-up stage, where nature fails to complete its work, strychnine and digitalin are usually needed and potassium bichromate will aid

in re-establishing a healthful mucous secretion. If the expectoration is really vitiated, calcium sulphide, twelve to fifteen granules daily, with the same number of nuclein, will be found helpful.

To relieve pain in children, as well as adults, one must get at the cause. A few hours ago I was called to relieve severe abdominal pain and found a strangulated hernia, the reduction of which was all that was necessary. Recognizing the cause, physiological remedies should be applied thereto. For congestions, aconitine; for spasms, hyoscyamine. If immediate relief must be had, codeine alone or combined with hyoscyamine. The formula known as Waugh's Anodyne for Infants is a good one where pains are not too severe. This granule contains nickel bromide, gr. 1-134; codeine sulphate, gr. 1-67; powdered ipecac, gr. 1-134; lithium carbonate, gr. 1-25; oil of anise, gr. 1-124. A similar but stronger granule is Waugh's Dover's Powder, each containing morphine sulphate, gr. 1-134; emetine, gr. 1-250; camphor monobrom., gr. 1-12. I do not hesitate to use morphine with children, if necessary, provided it be given with due care.

In this connection I wish to speak of another formula which, while it is somewhat of a "shot gun" is a most excellent combination, meeting a great variety of indications in abdominal pain. It, with the others mentioned above, will be found in the lists of the granule manufacturers and is known as the Chlorodyne granule, with formula as follows: Morphine sulphate, gr. 1-24; cannabin tannate, gr. 1-67; hyoscyamine, gr. 1-1000; oleo-resin capsicum, gr. 1-134; oil of peppermint gr. 1-67; glonoin, gr. 1-500. Here we get all the necessary physiological remedies to overcome the conditions usually present, and I heartily recommend this and the above formula for constant use.—Ed.

PLEASED WITH THE CLINIC

I am more pleased with the Clinic every month. It is one of the most practical helps we physicians have in the way of a journal, to-day.

Yours very truly,

Dr. T. S. Carrington,

Phila, Pa.

AMONG THE BOOKS

It has been well and truly said that he is an educated man who knows where to find things in books. Money spent in good books is well invested. The world is full of them, yet there are none too many. Our attention has just been called to

OSLER'S PRACTICE—NEW EDITION

Through the courtesy of Mr. H. Clay Russell, the Chicago manager of its publishers, D. Appleton & Co. To those who know this work, nothing need be said but to announce the new edition: to others we will say you will not make a mistake when you put your money in Osler's Practice. Cloth, \$5.50; sheep, \$6.50; half morocco, \$7. The Appleton Library, of which this is a part, is sold on the installment plan.

The work has been carefully revised and is up with the times; numerous illustrations add to its value making it one of the best authorities at our command. The same firm have recently added another much needed book,

PRACTICAL DIATETICS—THOMPSON

Which will fill a genuine, "long-felt want." There are but few, who are called upon to feed the sick, to whom a glass of milk or a pound of beef represent any definite amount of food materials, or who know how much good there is in a glass of lemon jelly, and yet the adult patient is more dependent upon his attendant than a week-old baby.

The work before me enters the field of necessity with marked ability and will prove a boon to the physician who wants to know. It discusses the value of all food products, tells what we should eat and how and when we should eat it, in health to keep well and in sickness to get back again to the proper physiological balance. This book commands the same price as the above, and came to our table through the same source, by the courtesy of a field agent, Dr. J. A. Egan, No. 451 Fay Street, this city. If you go by Thompson, you will live better and longer and know better how to do for others.

ALKALOIDAL LITERATURE.

The latest out is Shaller's Guide, composed of collected essays on the more important active principles, teaching their therapeutical action and practical application. Its aim is to teach, and it hits the mark. The book is published and for sale by the editor of this journal, price \$1.50 postpaid; with a subscription to the Clinic for one year \$2.00. A dissatisfied purchaser may return it and we will refund his money.

WAUGH'S MANUAL

Is another American work covering briefly a much larger field. It is a comprehensive and wonderfully complete suggester, and is well worth the \$1.00 for which it sells. It is published by its talented author, Dr. W. F. Waugh, Chicago, and is for sale by the author, by the granule manufacturers, and the Clinic; with a year's subscription \$1.50 postpaid.

BURGGRAEVE'S WORKS

Were the pioneers in this line and, in point of fact, they have never been surpassed. They need no comment. One interested in this line is poor without them all.

NEW PRACTICAL GUIDE—Paper, \$1.10; cloth, \$1.60.

DOSIMETRIC THERAPEUTICS—Paper, 30c; cloth, 75c.

PAMPHLETS.—Each 25c.—Essentials of Dosimetric Pharmacy. * Diathetic Maladies. Fever and its Dosimetric Treatment. Diseases of Women. Diseases of Children.

Any of the above works will be sent post paid on receipt of price. Address the Clinic or the A. A. Co.

CASTRO'S PRACTICE

Has been justly pronounced the most remarkable single treatise on the modern method of rational therapeutics which has thus far been given to the medical practitioner. It constitutes a complete, definite and thorough exposition of the proper methods of using the alkaloids and other active principles of medical plants. Dr. Castro has kept prominently before him the immediate practical needs of the physician, and has presented, with the consideration of each disease, carefully tabulated statements of the treatment demanded by the malady in its dominant and variant forms. For sale by the Clinic and the Abbott Alkaloidal Co. Price \$4.25, prepaid.

TRANSACTIONS ILLINOIS STATE MEDICAL SOCIETY.

This official reprint of the work done by this organization is deserving of mention. It contains matter of much value and is well worthy a place in your library.

THE PHYSICIAN'S CALL BOOK AND LEDGER

Is another of Dr. Andrew's good things. For a combination book it is one of the best, having many points of excellence over the general run of catch-penny affairs. See full description in "The Medical Summary" ad on another page of this journal.

FOR OURSELVES AND OTHERS

In this column will be printed reading notices, clippings, small ads and items of interest of various kinds, both formal and informal.

Advertising space will be sold at the rate of three cents per word or abbreviation thereof, each insertion. No display. Cash must accompany copy.

DON'T WAIT.

If in this world you wish to win
And rise above the common chump,
Take off your coat and pitch right in,
Don't wait, lay hold, hang on and hump.

Don't wait until the iron's hot,
But make it hot by muscle,
Don't wait for wealth your father's got,
Take off your coat and hustle.

—Spadwell Print, Boston.

We will send the CLINIC to any of your friends "four months for 25c.," or to any five, four months for \$1.00. If you are a friend to the CLINIC, why not help us start some new subscribers this way?

ONLY \$1.00 FOR 1896.

The Alkaloidal Clinic,

I received by mail to-night the premium case, filled as I desired, also the first number in my subscription to the Clinic.

I feel certain I shall find both very useful practically, which is what I want. The case is of such a convenient size as to be no encumbrance and yet be of daily usefulness. A. E. Gardner, M. B.

Hyde, Assiniboia, N. W. T.

HERE IS A GOOD THING.

No physician should fail to take advantage of the offer made by Frank S. Betz & Co., who have a page adv. in this number. With the Handy Bath you have the Hot Springs at home. They are so cheap no family should be without one. A child can operate one of these baths. Read their adv. carefully and see if there isn't something in it for you. Write them for further particulars and order a trial bath.

If you are not a subscriber, and hesitate to try the CLINIC for a year, send 25 cents for the next three months; this issue and three more will give you "four months for 25 cents."

A GOOD OPPORTUNITY.

In order to give an opportunity to the readers of the Clinic to more thoroughly investigate the merits of Gurania, we will send prepaid to any address, one ounce of Gurania on receipts of only 80 cents. This is a special inducement for this month only. Gurania Chemical Co., 659 Walnut St., Chicago, Ill.

If you are an old subscriber and want to continue the CLINIC, renew promptly when you see the pink wrapper. The CLINIC is sent no longer than paid for.

WRONG, BUT STANDS CORRECTED.

Messrs. Theo. Metcalf Co., Boston, Mass.,

Gentlemen: I thought I was using the best preparation of Kola that I could, but found myself most agreeably mistaken. For smallness of dose, and therapeutical effect "Kola-Koloid" cannot be excelled, if it can be equalled.

Macon, Florida.

J. M. Abbott, M. D.

Samples and literature on application to Theo. Metcalf Co., Boston, Mass.

MERCAURO AND ARSENAURO.

Dr. Dumesnil, Prof. Stucky, and other progressive medical practitioners, from interesting clinical data, show that the arsenic as found in "Arsenauro", and the mercury found in "Mercauro," produce far more prompt and more satisfactory results than can be obtained from the administration of arsenic or mercury in any other form heretofore within reach. These preparations do not produce cumulative effects, thus eliminating the undesirable results so frequently encountered when pushing arsenic and mercury to the desired point. Mercauro does not interfere with the action of the digestive apparatus, does not cause loss of appetite, nor does it produce salivation. This is a matter of very great interest to the busy practitioner who so frequently has to contend with cases which heretofore have been unable to stand mercury at all.

The combination of bromide of gold with the other metallic salts seems to exert some unknown and very remarkable chemical force. For reprints of their contributed articles, case reports and other valuable literature, address Chas. Roome Parmelee Co., 98 William St., New York.

A NEW YEAR'S PRESENT.

One dollar pays for the Clinic one year and secures, to a new subscriber, our filled premium pocket case, fully explained on ad. page three. If you like, you may club with five friends and we will send the six for five dollars. What of more value for so little money could you do for a brother M. D. to whom you wish to extend the compliments of the season. This combination offer is our compliment to you. Be sure and send us your subscription or renewal anyway. If you are a stranger to the Clinic and hesitate to send your dollar after reading this "sample copy" send us 25c for the next three months.

The Alkaloidal Clinic, Station X, Chicago.

ZINC AND CODEINE COMPOUND.

Dr. A. H. Simonton, writing from Charleston, Ill., expresses great satisfaction in the use of "zinc and codeine compound." There is no question but what this is a theoretically scientific and therapeutically practical compound, and as such it should come largely into use.

Dr. Simonton asks to be placed in correspondence with a doctor wanting a good country practice, particularly one who uses Alkaloidal medicaments. Should this meet the eye of any such, particulars may be obtained by writing him.

Are you a real friend to the CLINIC? If so, help us out under some of the propositions above, or take advantage of our New Year's Offer.

AN INTEREST IN A GENUINE **GOLD MINE** TEMPORARILY FOR SALE.

Situated directly in the midst of the phenomenal Cripple Creek gold fields, which are regularly producing more gold than any other camp known. The most flattering and advantageous mining investment propositions ever submitted for the consideration of an intelligent capitalist. The directors of the

VICTOR CONSOLIDATED GOLD MINING COMPANY

Of Cripple Creek, Denver and Colorado Springs, State of Colorado, have decided to temporarily offer one hundred thousand shares of full paid and non-assessable treasury stock at the ridiculously low figure of ten cents per share, proceeds to be exclusively utilized in completing extensive systematic development in various localities of the Company's rich territory, consisting of nearly thirty acres of extraordinarily valuable mineral bearing lands, bounded and surrounded by, adjoining and intersecting the

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The Officers and Directors are

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E. G. LOWE, Capitalist, Boston Mass.

WM. GELDER, Capitalist, Denver, Colo.

A. H. WEBER, Aluminum Manufacturer, Denver, Colo.

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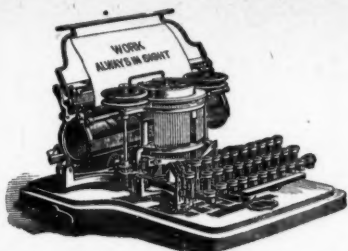
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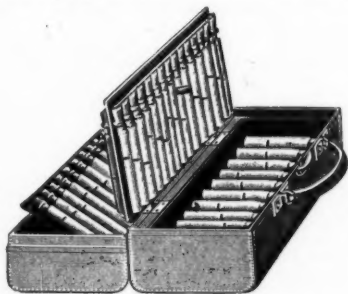
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